

Appendix 1. Subspecialist Survey

Survey on Subspecialty Referral Patterns

Patient data sticker

Provider name:

1. What is the primary [insert specialty] diagnosis _____

2. How often should this patient be seen in the [specialty] practice to manage this problem?

Number of anticipated visits in the coming 12 months _____

Number of anticipated visits the following year
(12-24 months from now) _____

3. Could this diagnosis be managed exclusively by the PCP? *Presume that you have the opportunity to have a final, sign-off visit, and to make management recommendations to the PCP. Presume that the PCP practice has the necessary access and the capacity to meet the patient's needs.*

- A Yes, the PCP could very likely manage this problem
- B Perhaps, depending upon the PCP comfort level
- C No, this does not seem safe or appropriate

4. If yes, do you think the patient would be amenable to transfer of care for the [specialty] problem to the PCP?

- A Yes, this is likely
- B Perhaps, Difficult to anticipate
- C No. The patient is likely to request ongoing care in this practice

5. If appropriate for long-term management by [insert specialty], who should be “first call,” managing patient calls, med refills, etc for this patient’s [specialty] problem, you or the PCP?

- A Specialist
- B PCP